PTO/SB/17 (10-07)
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Effective on	Effective on 12/08/2004.					plete if Known						
Fees pursuant to the Consolidated A			Application Nur	mber	10/597,799-Cd	onf. #6487						
FEE TRANSMITTAL			Filing Date		August 8, 200	6						
For FY 2008			First Named In	ventor	Ryutaro Tanaka							
FOR F1	200	<i>.</i>	Examiner Name	)	J. I. Treidl							
Applicant claims small enti	ty status.	See 37 CFR 1.27	Art Unit		4145	4145						
TOTAL AMOUNT OF PAYMENT		(\$) 460.00	Attomey Docket	No.	20289/020508	6-US0 ————————						
METHOD OF PAYMENT (c	heck all	that apply)										
Check Credit Card		Money Order N	one Other	(please iden	tify):	- <u>-</u>	_					
x Deposit Account Deposit Account Number. 04-0100 Deposit Account Name: Darby & Darby P.C.												
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)												
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee												
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17												
FEE CALCULATION	FK 1.10	and 1.17				<del>_</del>	ᅱ					
1. BASIC FILING, SEARCH, A	ND FXA	MINATION FEES		_			ᅴ					
			EARCH FEES	EXAM	INATION FEES	i	١					
Application Type F	ee (\$)	Small Entity Fee (\$) Fee	Small Entity	Fee (\$	Small Entity	Fees Paid (\$)						
Utility	310	Fee (\$) Fee 155 510		210	<u>Fee (\$)</u> 105	<u>rees raid (ψ)</u>						
Design	210	105 106		130	65		-1					
Plant	210	105 310	-	160	80		-					
Reissue	310	155 510		620	310		-1					
Provisional	210		0 0	0	0		-					
2. EXCESS CLAIM FEES	210	100	, o	ŭ		Small Ent	— titv					
Fee Description						Fee (\$) Fee (\$)						
Each claim over 20 (including						50 25	:					
Each independent claim over 3	(includ	ing Reissues)				210 105						
Multiple dependent claims				-		370 185						
Total Claims Extra Claims Fee (\$) Fee I			Paid (\$)	<u> </u>	Multiple Depende	<u>ent Claims</u>						
7 - 24 =	×			<u> </u>	ee (\$)	Fee Paid (\$)						
HP = highest number of total claims p		_	<b>5</b> 1140	_		<del></del>						
Indep. Claims Extra Clai	ms x	Fee (\$) Fee	Paid (\$)									
HP = highest number of independent		id for, if greater than 3.	<del></del>				Ì					
3. APPLICATION SIZE FEE If the specification and drawin listings under 37 CFR 1.52 sheets or fraction thereof.	ngs exce 2(e)), the	eed 100 sheets of paper e application size fee	lue is \$260 (\$130	for small								
	Sheets		additional 50 or fra		of Fee (\$)	Fee Paid (\$)						
100 =		/50 =	_ (round up to a wh	ole number	) x	<b>=</b>	_					
4. OTHER FEE(S)						Fees Paid (\$)						
Non-English Specification,												
Other (e.g., late filing surch	arg <b>e</b> ): <b>]</b> 1	1252 Extension for t	esponse within s	second m	onth	460.00						
SUBMITTED BY	17						司					
Signature Foru	11	huku	Registration No. (Attorney/Agent)	47,522	Telephone	(212) 527-7700						
Name (Print/Type) Louis J. Del	Juidjee	/			Date S	September 16, 2008	8 🗍					

AMEN		Docket No. 20289/0205086-US0				
Application No. 10/597,799-Conf. #6487		Filing I		Examin		Art Unit
		August 8	3, 2006	J. I. <u>Tre</u>	idl	4145
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he fee has been				• •		
		CLAIM	S AS AMENI	DED		
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate		
Total Claims	7	- 24 =		x		
Independent Claims	11	- 3 =		X		
Multiple Depend	ent Claims (ch	eck if applicabl	e)			
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Other fee (pleas	e specify): E	xtension for res	ponse within s	econd month		460.00
TOTAL ADDITI	ONAL FEE FO	OR THIS AME	NDMENT:			460.00
x Large Entity	_			Small Ent	ity	
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x Charge a	ny additional fili	ng of application	n processing t	fees required unde	er 37 CFR 1.1	16 and 1.17.
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Louis J. DelJuic Attorney/Agent		522				
DARBY & DAR P.O. Box 770	P.C.					
Church Street S New York, New	York 10008-0	770				
(212) 527-7700						
(212) 527-7700						
(212) 527-7700						